

Account Application

2665 Pomona Blvd., Pomona, CA, 91768 Phone: (909) 464-1818 Email: info@onooptical.com Fax: (909) 464-1787

Account Information	
Name of Applicant	
Name of Legal Entity	
Bill-To Address (statement mailed here)	
City / State / Zip	
Set as Primary Ship To? Yes 🔿	
Ship-To Address (if different than above)	
City / State / Zip	
Set as Primary Ship To? Yes 🔿	
Business Phone	Business Fax
Contact Person	Email
Exempt from sales tax (AR, CA, IL, MO, NV, TN only) No O Ye	s (if yes, please mail or fax in Sales tax Exemption Certificate)
Belong to Buying Group or Co/Op? Yes 🔿 Group Name	Member ID

Business Organization							
	MD 🔿	Lab 🔾	Optician 🔿	Retailer 🔾	Distributor 🔿		Date Formed
Sole Prop	rietor 🔾	Partnersh	ip 🔿	Corporation		PA \bigcirc	
Federal Tax ID Resale N					mber		
Business (Owner #1					Email	
Business (Owner #2					Email	

Trade References					
Reference	Account #	Phone			
Reference	Account #	Phone			
Reference	Account #	Phone			

Required Signature

I authorize OnO Optical to obtain credit information from the above listed refrences and from any credit-reporting agency. I have read the terms and conditions and acknowledge such terms and conditions govern my relationship with OnO Optical. My signature below indicates acceptance of and agreement to terms and conditions and my guarantee of buyer's obligation. It is further understood and agreed that should this account not be paid to terms, the undersigned will pay interest at the highest rate allowed by law in the State business resides. If the account is turned over to collection, I accept and will pay resonable attorney or collection fees.

Print Name	Title
Signature	Date

For Internal Use:			
Acct No	Assigned rep		
Date	CL		
Notes	•		